

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Chris Coleman

Political Party

non-partisan

Office Sought

DSM City Council at-large

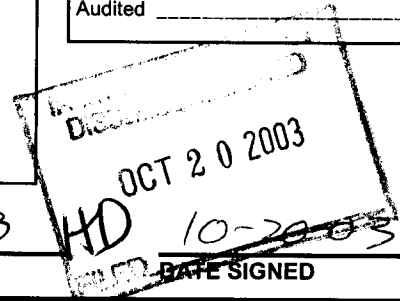
District (if Senate or House)

Peter M. SAND

SIGNATURE OF TREASURER (or person filing this report)

274-3153

TELEPHONE



Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10-19-03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)

Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 7603.40

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

16531.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 24,134.40

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5807.26

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 18,327.14

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

500

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐

YES

☐

NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Neighbors for Coleman</u>		DISCLOSURE BOARD FEB 18 2004
IMPORTANT: Indicate type of committee you are reporting for: <input type="checkbox"/>		
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates		

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
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Audited	_____

CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>Chris Coleman</u>	Political Party _____
Office Sought <u>DSM City Council-at-large</u>	District (if Senate or House) _____

Peter M. SAND
SIGNATURE OF TREASURER (or person filing this report)

274-3153
TELEPHONE

2-18-04
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) _____ Indicate one ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 10-30-03

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-4-03</u>
County & Local Committees, enter County in which Election is held <u>Polk</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 20,578.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) _____

235

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 20,813.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

11,841.14

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) _____

\$ 8,972.05

****UNPAID BILLS** (From Schedule D - Attach Schedule D) _____ \$ _____

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) _____ \$ _____

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) _____ \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

____ YES ____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) _____

\$ _____

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

IMPORTANT: Indicate type of committee you are reporting for: ☐

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Chris Coleman

Political Party

non-partisan

Office Sought

DSM City Council-at large

District (if Senate or House)

Peter M. SMD

SIGNATURE OF TREASURER (or person filing this report)

274-3153

TELEPHONE

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

OCT 31 2003

10-30-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 day REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)

Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

11-4-03

County & Local Committees, enter County in which Election is held

Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 18,327.14

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

235

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 18,562.14

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

11,841.14

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 6,721.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/30/03	ID# CK#	Ed Boesen Des Moines IA 50310	campaign chair	\$ 100	<input type="checkbox"/>
10/30/03	ID# CK#	Tom Boesen Ovid Des Moines IA 50310		100	<input type="checkbox"/>
10/22/03	ID# CK#	Marvin & Margaret Pommer 3212 47th st. Des Moines IA 50310		10	<input type="checkbox"/>
10/21/03	ID# CK#	Don & Susan Johnson 2805 38th st. Des Moines IA 50310		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/22/03	ID# CK#	Bankers Trust 6th & Locust Des Moines IA 50309	cost of new checks	\$ 21.50
10/21/03	ID# CK#	Carter Printing 1739 E Grand Des Moines IA 50310	printing	2109.16
10/28/03	ID# CK#	Typing Services 1122 Burnham Des Moines IA 50315	Data Entry	102.00
10/28/03	ID# CK#	K & D Word Processing 4016 11th St. Des Moines IA 50313	Word processing	75.00
10/24/03	ID# CK#	DMA 2130 Delaware Des Moines 50313	Mailing services & postage	2300.00
10/21/03	ID# CK#	Peter Sand 4317 Ovid Des Moines 50310	Reimbursement of cost of shelter rental	60.00
10/29/03	ID# CK#	Carter Printing 1739 E Grand Des Moines IA 50317	printing	2692.40
10/30/03	ID# CK#	Nextel	cellular phone service	200.00
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/03	ID# CK#	Kinkos 4th & Grand Des Moines 50309	Copies	\$ 26.45
10/24/03	ID# CK#	Dahls Beaver & Franklin Des Moines 50310	Stamps	333.00
10/25/03	ID# CK#	Office Max	computer ink	84.78
10/30/03	ID# CK#	DMA 2130 Delaware Des Moines 50313	Mailing service & postage	3692.85
10/30/03	ID# CK#	USPS 2nd & University Des Moines 50309	Stamps	148.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page _____ of _____

(for Schedule B)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Bill & Diana Anderson 1643 NW Dr. Des Moines 50310		\$ 50	<input type="checkbox"/>
"	ID# CK#	Mark & Karen Barkley 4116 Maryland Pike Des Moines 50310		130	<input type="checkbox"/>
"	ID# CK#	Mike & Eric Barnes 615 Park Ave Des Moines 50309		250	<input type="checkbox"/>
"	ID# CK#	Mick Barry 2742 SE Market Des Moines 50317		100	<input type="checkbox"/>
"	ID# CK#	Ron Barry 3535 SW 56th Des Moines 50321		250	<input type="checkbox"/>
"	ID# CK#	Connie & Ted Boesen 3011 Don Lee Ct. Des Moines 50317		50	<input type="checkbox"/>
"	ID# CK#	Margaret Borgen 1400 Grand Ave. Des Moines 50309		100	<input type="checkbox"/>
"	ID# CK#	Red Brannan 700 Locust Des Moines 50309		100	<input type="checkbox"/>
"	ID# CK#	Michele Brant 1341 150th St. Earlham 50072		25	<input type="checkbox"/>
"	ID# CK#	Kim Brennan 1309 Bel Aire Polk City 50226		25	<input type="checkbox"/>

SUB-TOTAL

\$1,080.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 23
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/03	ID# CK#	Gina Bisanti 3500 Adams Des Moines 50310		\$ 5	<input type="checkbox"/>
"	ID# CK#	Amy Brantley 715 SW 500th St. Hebron IA 46341		25	<input type="checkbox"/>
9/11/03	ID# CK#	Sue & JC Brenton 1400 Windover Des Moines 50315		100	<input type="checkbox"/>
"	ID# CK#	Bobbretta & Cecil Brenton 3917 Merced Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Jim Brick 550 39th St. Des Moines 50310		200	<input type="checkbox"/>
"	ID# CK#	Tim Brien 3919 Urbandale Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Bill & Patty Brown 6055 M Waterbury Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Bob & Jenna Brownell 2213 NW 90th Pl. Clive 50329		50	<input type="checkbox"/>
"	ID# CK#	Janice & Randy Brubaker 4624 62nd St Des Moines 50322		10	<input type="checkbox"/>
"	ID# CK#	Tom & Diane Buckhouse 2805 68th B Urbandale 50322		50	<input type="checkbox"/>

SUB-TOTAL

\$ 565.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 23
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/03	ID# CK#	Danny & Annie Brooks 2360 Rogers Mendota Hts MN 55120	Sister	\$ 25	<input type="checkbox"/>
9/11/03	ID# CK#	Glenn & Florence Bühr 4127 30th St. Des Moines 50310		30	<input type="checkbox"/>
"	ID# CK#	Dave & Janet Bunkers 2925 39th St. Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	John Burgeson 627 E Locust Des Moines 50310		200	<input type="checkbox"/>
"	ID# CK#	Shirley Burgess & Greg Howell 3609 SW 30th Des Moines 50321		35	<input type="checkbox"/>
"	ID# CK#	Peter Cade 5040 Waterbury Rd. Des Moines 50312		15	<input type="checkbox"/>
"	ID# CK#	Wendy & Stan Canova 1912 39th St. Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Dave & Hallie Caris 5401 Woodland Des Moines 50311		100	<input type="checkbox"/>
"	ID# CK#	Debra Carr 1111 9th St. # 390 Des Moines 50314		25	<input type="checkbox"/>
"	ID# CK#	Scott Casper 2322 Beaver Des Moines 50310		25	<input type="checkbox"/>
SUB-TOTAL				\$505.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 23
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Lee Christensen 840 Win Nowels Cir Carlisle 50047		\$25	<input type="checkbox"/>
"	ID# CK#	Sherree Clark 3701 Beaver Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	John & Jody Clarke 5040 Grand W Des Moines 50265		100	<input type="checkbox"/>
"	ID# CK#	Red & Shelly Clausen 3830 43rd Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Tony Colacino 301 Grand #3700 Des Moines 50309		50	<input type="checkbox"/>
"	ID# CK#	Ron & Cathy Coleman 4604 Aspen W Des Moines 50265	Parents	250	<input type="checkbox"/>
"	ID# CK#	David Collier 612 Locust Des Moines 50309		50	<input type="checkbox"/>
"	ID# CK#	Gayle Collins 100 Market #418 Des Moines 50309		20	<input type="checkbox"/>
"	ID# CK#	Tony & Bobby Colosimo PO Box 697 Des Moines 50309		100	<input type="checkbox"/>
"	ID# CK#	Brendan & Christine Comito 4516 Waveland Ct. Des Moines 50311		25	<input type="checkbox"/>
SUB-TOTAL				\$ 670.00	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 23
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Skip Conkling PO Box 654 Altoona 50009		\$ 100	<input type="checkbox"/>
"	ID# CK#	Jim & Roxanne Conlin 317 7th St. #300 Des Moines 50309		250	<input type="checkbox"/>
"	ID# CK#	Ed & Mary Conlow 4901 Observatory Des Moines 50311		50	<input type="checkbox"/>
"	ID# CK#	Tom & Angela Connolly 4707 Beaver Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Carol & Robert Connolly 6428 Morningside Cir Johnston 50131		75	<input type="checkbox"/>
"	ID# CK#	James Cooney 3913 Fagen Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Lynn & Tom Cope 8073 Cobblestone Urbandale 50322		100	<input type="checkbox"/>
"	ID# CK#	Corigliano's 2625 SE 8th Des Moines 50315		25	<input type="checkbox"/>
"	ID# CK#	Jim Cornic 1011 Locust Des Moines 50310		250	<input type="checkbox"/>
"	ID# CK#	Jerry Crawford 1701 Ruan Center Des Moines 50310		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,025.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/03	ID# CK#	Dave & Joan Discher 4601 Crestmoor Des Moines 50310		\$ 50	<input type="checkbox"/>
9/11/03	ID# CK#	Mo Dana 300 Walnut #16 Des Moines 50309		50	<input type="checkbox"/>
"	ID# CK#	Teresa & Johnny Danos 1229 River Vista Des Moines 50321		200	<input type="checkbox"/>
"	ID# CK#	The DeBettignies 3921 Aurora Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Tony Deangelo 5813 Waterbury Cir Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Louise & Ann DeMarco 2912 Euclid Des Moines 50310		20	<input type="checkbox"/>
"	ID# CK#	John Dorton 618 E 18th Des Moines 50316		20	<input type="checkbox"/>
"	ID# CK#	Ed Dunn 518 W Locust Davenport 52803		25	<input type="checkbox"/>
"	ID# CK#	Greg Edwards 405 6th Ave. #201 Des Moines 50309		50	<input type="checkbox"/>
"	ID# CK#	Matt & Sarah Eide 5021 Harwood Des Moines 50312		100	<input type="checkbox"/>
SUB-TOTAL				\$615.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	MJ + Nancy Emerson 645 Wood Crest Dr. Waukee 50263		\$ 50	<input type="checkbox"/>
"	ID# CK#	John + Carole Essey 2722 47th St. Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Opal Ewing 3208 44th Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Gordon + Monica Fischer 1407 41st Des Moines IA 50311		25	<input type="checkbox"/>
"	ID# CK#	Barb + Jerry Fitzgerald 7142 Garrison Windsor Hts 50311		25	<input type="checkbox"/>
"	ID# CK#	John Fitzgibbon 3131 Fleur #202 Des Moines 50321		100	<input type="checkbox"/>
"	ID# CK#	George + Joanne Flagg 3101 Onondaga Des Moines 50321		25	<input type="checkbox"/>
"	ID# CK#	Michael Flattery 500 N Valley Dr. Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Jack + Martha Fleming 2929 Beaver #114 Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Tom + Karen Formaro 3739 SW 34th Des Moines 50321		50	<input type="checkbox"/>
SUB-TOTAL				\$ 425.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Don & Barb Fors 4814 Euclid Des Moines 50310		\$ 50	<input type="checkbox"/>
11	ID# CK#	Mike Freilinger 111 COURT #300 Des Moines 50309		50	<input type="checkbox"/>
11	ID# CK#	Michael Gartner 5315 Waterbury Rd. Des Moines 50312		100	<input type="checkbox"/>
11	ID# CK#	Kathy Garton 1415 44th Des Moines 50311		25	<input type="checkbox"/>
11	ID# CK#	Joe Garvey 2734 Westover Des Moines 50310		40	<input type="checkbox"/>
11	ID# CK#	Greg & Nan Gaul 3402 48th st. Des Moines 50310		50	<input type="checkbox"/>
11	ID# CK#	Ted & Elaine Gaul 3600 48th pl. Des Moines 50310		50	<input type="checkbox"/>
11	ID# CK#	ET Giovannetti 3004 Melanie Urbandale 50322		25	<input type="checkbox"/>
11	ID# CK#	Greg Goaley & Kathy Towner 4203 Franklin Des Moines 50310		100 50	<input type="checkbox"/>
11	ID# CK#	Cliff & Julie Gold 636 Grand Des Moines 50309		100	<input type="checkbox"/>
SUB-TOTAL				\$ 540.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Paul Goodwin & Julie DeMicco 4216 Beavercrest Des Moines 50310		\$ 25	<input type="checkbox"/>
"	ID# CK#	Bernie & Eileen Gattner 4485 88th st. Orlandale 50322		25	<input type="checkbox"/>
"	ID# CK#	Mary Gottschalk 416 149th st. Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Bernie & Kathleen Gradorille 2935 37th Des Moines 50310		70	<input type="checkbox"/>
"	ID# CK#	William & Anne Gray 4617 Franklin Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Marybeth & Dana Greenwood 2905 31th Des Moines 50310		40	<input type="checkbox"/>
"	ID# CK#	Michelle Griswell 711 High Des Moines 50310		250	<input type="checkbox"/>
"	ID# CK#	Steve & Mona Gude 3111 40th pl. Des Moines 50310		40	<input type="checkbox"/>
"	ID# CK#	Susan & Todd Guest 2901 37th Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Glen & Kim Hall 6840 Morningside Cir Johnston 50321		50	<input type="checkbox"/>
SUB-TOTAL				\$ 600.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/03	ID# CK#	Said Hanoon 3405 Woodland #16A Des Moines 50312		\$ 20	<input type="checkbox"/>
"	ID# CK#	Renee & Dan Hougham 2204 35th st. Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Emily & Matt Johnson 2805 38th st. Des Moines 50310		4	<input type="checkbox"/>
9/11/03	ID# CK#	Ed Hansell 139 37th st Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Jack Hatch & Sonja Roberts 1623 Woodland Des Moines 50309		100	<input type="checkbox"/>
"	ID# CK#	Jim & Mary Head 4240 Adams Des Moines 50310		40	<input type="checkbox"/>
"	ID# CK#	Patricia & Susy Hemphill 2905 36th Des Moines 50310		40	<input type="checkbox"/>
"	ID# CK#	Steve & Chris Hensley 253 55th Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Bob & Jeri Herold 2513 34th Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Carolyn & Tim Hinchliff 3503 48th Des Moines 50310		25	<input type="checkbox"/>
SUB-TOTAL				\$ 429.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Bob & Sharon Holz 4293 Foster Dr. Des Moines 50312		\$ 50	<input type="checkbox"/>
"	ID# CK#	Holly Hoover 2609 63rd Des Moines 50310		10	<input type="checkbox"/>
"	ID# CK#	David Hott 1330 Keo Way Des Moines 50309		100	<input type="checkbox"/>
"	ID# CK#	James & Sheila Hourigan 5612 Rittgers Ct. Johnston 50131		100	<input type="checkbox"/>
"	ID# CK#	Jeff Hunter 410 27th St. Des Moines 50312		250	<input type="checkbox"/>
"	ID# CK#	Geri Huser 213 7th St. NW Altoona 50009		100	<input type="checkbox"/>
"	ID# CK#	Dusty & Judy Isaacson 2106 Morton Des Moines 50317		25	<input type="checkbox"/>
"	ID# CK#	Tom & Mary Ivey 225 Country Club Dr. Largo FL 33771		25	<input type="checkbox"/>
"	ID# CK#	Heather & Todd Jacobus 2608 Aurora Des Moines 50310		15	<input type="checkbox"/>
"	ID# CK#	Larry & Barb James 928 California Des Moines 50311		50	<input type="checkbox"/>
SUB-TOTAL				\$ 725.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Susan & Dan Johnson 2805 35th Des Moines 50310		\$ 25	<input type="checkbox"/>
"	ID# CK#	Joe Tongewaard 4039 Ovid Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Susan & Dennis Judkins 317 6th Ave. #800 Des Moines 50309		20	<input type="checkbox"/>
"	ID# CK#	Mark & Norbury Kilian 12821 Sunset Ter. Clive 50325		100	<input type="checkbox"/>
"	ID# CK#	Eric Klein 4900 Pleasant #18 W Des Moines 50265		25	<input type="checkbox"/>
"	ID# CK#	John Kline 2171 Grand W Des Moines 50265		250	<input type="checkbox"/>
"	ID# CK#	Alan & Margie Kosbu 2716 Jordan Grove W Des Moines 50265		85	<input type="checkbox"/>
"	ID# CK#	Kyle & Sharon Krause 5575 Little Leaf Tr. W Des Moines 50266		100	<input type="checkbox"/>
"	ID# CK#	Bill Krause 5730 Gallery Ct. W Des Moines 50266		250	<input type="checkbox"/>
"	ID# CK#	David Kruidenier 715 Locust Des Moines 50309		200	<input type="checkbox"/>

SUB-TOTAL

\$1,105.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/03	ID# CK#	Mary & Allan Kramer & Family 4022 46th St. Des Moines 50310		\$ 13	<input type="checkbox"/>
11	ID# CK#	Mackel Family 1707 29th Des Moines 50316		6	<input type="checkbox"/>
11	ID# CK#	Catherine Mattes 1015 S. Iowa # 321 Washington IA 52353	grandmother	10	<input type="checkbox"/>
11	ID# CK#	Barry Griswold 711 High Des Moines 50309		250	<input type="checkbox"/>
9/11/03	ID# CK#	John & Mary Kay LaBonia 4333 SW 31st Des Moines 50321		25	<input type="checkbox"/>
11	ID# CK#	Tony & Cindy Lane, Jake Wilson 4815 Euclid Des Moines 50310		50	<input type="checkbox"/>
11	ID# CK#	Brian & Betty Laurenzo 5508 Garrison St. Johnston 50131		50	<input type="checkbox"/>
11	ID# CK#	Vern & Betty Leach 2829 49th Des Moines 50310		20	<input type="checkbox"/>
11	ID# CK#	Tony & Kate Leo 2016 61st Des Moines IA 50310		25	<input type="checkbox"/>
11	ID# CK#	William Lillis 317 6th Ave. Des Moines 50310		100	<input type="checkbox"/>

SUB-TOTAL

\$ 549.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Paulee Lipsman 2880 Grand #106 Des Moines 50312		\$ 25	<input type="checkbox"/>
11	ID# CK#	David & Sherril Long 6620 Washington Windsor Hts 50311		25	<input type="checkbox"/>
11	ID# CK#	Mary & Mike Mahoney 4337 Ashby Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Jim Maloney 3440 River Oaks Dr. Des Moines 50312		50	<input type="checkbox"/>
11	ID# CK#	Paul Mann 2508 48th pl. Des Moines 50310		20	<input type="checkbox"/>
11	ID# CK#	John & Debbie McCarthy 44905 Carver Dr. Kenai AK 99611		50	<input type="checkbox"/>
11	ID# CK#	Harold & Dorothy McCarville 3615 48th pl. Des Moines 50310		75	<input type="checkbox"/>
11	ID# CK#	Matt McCoy 4720 Woodland Des Moines 50312		50	<input type="checkbox"/>
11	ID# CK#	Joe & Sheila McGreal 22575 Campfire Rd. Metticello 52310		100	<input type="checkbox"/>
11	ID# CK#	Tim & Chriss Meline 3619 SW 28th Des Moines 50321		25	<input type="checkbox"/>
SUB-TOTAL				\$445.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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9/11/03	ID# CK#	Don & Georgette Meyster 4221 N. Lillie Davenport 52806	in-laws	\$ 25	<input type="checkbox"/>
"	ID# CK#	Tina Mowry 700 Locust #100 Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Pat & Mary Kay Munro 4587 Deerwood Cir Johnston 50131		100	<input type="checkbox"/>
"	ID# CK#	Jim & Carrie Nahas 3708 Wolcott Des Moines 50321		50	<input type="checkbox"/>
"	ID# CK#	Ed Nahas 2144th st. Des Moines 50309		250	<input type="checkbox"/>
"	ID# CK#	Gene & Kathy Needles 366 113th st. Greenfield Twp. 50211	Cousin	100	<input type="checkbox"/>
"	ID# CK#	Andy & Lisa Negrete 2116 39th Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Martha Nelson 2814 44th Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Chris Nelson 2535 Deer Creek Tr. Des Moines 50329		50	<input type="checkbox"/>
"	ID# CK#	Gerry & Mary Lou Neugent 2410 Park Ave. Des Moines 50321		100	<input type="checkbox"/>
SUB-TOTAL				\$ 800.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES' NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	DJ Newlin 3315 48th pl. Des Moines 50310		\$ 50	<input type="checkbox"/>
"	ID# CK#	Ron & MaryAnn Nielsen 6004 Terrace Dr. Johnston 50131		30	<input type="checkbox"/>
"	ID# CK#	John Norwood 1611 Green Branch Cir W Des Moines 50265		25	<input type="checkbox"/>
"	ID# CK#	Brice Oakley 418 38th pl. Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Jim & Jeanne O'Halloran 3303 Beaver Des Moines 50310		200	<input type="checkbox"/>
"	ID# CK#	Ted Ohmart PO Box 65320 W Des Moines 50265		50	<input type="checkbox"/>
"	ID# CK#	Jo Oldson 418 38th pl. Des Moines 50312		50	<input type="checkbox"/>
"	ID# CK#	Wanda Pagliqi 1704 E Euclid Des Moines 50313		250	<input type="checkbox"/>
"	ID# CK#	Alfredo Parrish 2910 Grand Des Moines 50312		100	<input type="checkbox"/>
"	ID# CK#	Ron Peschke 2200 Grand Des Moines 50312		250	<input type="checkbox"/>

SUB-TOTAL

\$1,055.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Janet Petersen & Brian Pattinson 1346 47th Des Moines 50311		\$150	<input type="checkbox"/>
11	ID# CK#	Ellie Phillips 1120 E 6th #7 Des Moines 50313		15	<input type="checkbox"/>
11	ID# CK#	Jim & Jackie Piazza 4010 School Des Moines 50311		50	<input type="checkbox"/>
11	ID# CK#	Jim & Allison Piazza 521 Waterbury Cir Des Moines 50312		50	<input type="checkbox"/>
11	ID# CK#	Patsy & Joe Piazza 5164 Madison #A6 Okemos MI 48864	Sister	100	<input type="checkbox"/>
11	ID# CK#	Michael Plummer 4900 Pleasant #18 W Des Moines 50265		100	<input type="checkbox"/>
11	ID# CK#	Rosemary Pratt 4411 46th St. Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Tom & Karen Quiner 4809 Euclid Des Moines 50310		10	<input type="checkbox"/>
11	ID# CK#	Steve & Mary Quiner 6832 Morningside Cir Johuston 52131		50	<input type="checkbox"/>
11	ID# CK#	Bob Raker 3201 Bel Aire Des Moines 50310		30	<input type="checkbox"/>

SUB-TOTAL

\$580.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Robert & Billie Ray 114 SW 51st Des Moines 50312		\$ 100	<input type="checkbox"/>
"	ID# CK#	Lisa & Brad Rea 3136 Beaver Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Tony & Karen Reding 2809 69th Urbandale 50322		25	<input type="checkbox"/>
"	ID# CK#	Manette Rodriguez 6201 EP True #4109 Des Moines 50266		50	<input type="checkbox"/>
"	ID# CK#	Don & Anne Ross 7189 NW 100th Grimes 50111		100	<input type="checkbox"/>
"	ID# CK#	Ronda & David Rottjakob 4349 Livingston Sagan MN 55123	Sister	30	<input type="checkbox"/>
"	ID# CK#	Beth Roy 2207 33rd Des Moines 50310		100	<input type="checkbox"/>
"	ID# CK#	Mr. & Mrs. Jay Roy 4331 New York Des Moines 50310		100	<input type="checkbox"/>
"	ID# CK#	John Ruan III 666 Grand #3200 Des Moines 50309		250	<input type="checkbox"/>
"	ID# CK#	Randy & Jill Sackett 1817 77th St. Urbandale IA 50322		250	<input type="checkbox"/>
SUB-TOTAL				\$ 1,030.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Pete & Diane Sand 4317 Ovid Des Moines 50310	treasurer	\$ 25	<input type="checkbox"/>
11	ID# CK#	Davis Sanders 4513 44th Pl. Des Moines 50310		50	<input type="checkbox"/>
11	ID# CK#	John Sayles 3701 Beaver Des Moines 50310		25	<input type="checkbox"/>
9	ID# CK#	Mike & Vicki Scholer 3909 Douglas Des Moines 50310		70	<input type="checkbox"/>
11	ID# CK#	Gary Sevcik & Kathy Murphy 2214 68th St. Urbandale 50322		50	<input type="checkbox"/>
11	ID# CK#	Jim & Kristi Shimon 3200 36th St. Des Moines 50310		25	<input type="checkbox"/>
6	ID# CK#	Wayne & Martha Shoemaker 3423 48th Pl. Des Moines 50310		50	<input type="checkbox"/>
11	ID# CK#	Mark & Bonnie Simois 4929 Holcomb Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Brad Skinner 204 8th St. SE Altoona 50009		250	<input type="checkbox"/>
10/19/03	ID# CK#	Reinhardt Family 541 43rd Des Moines 50310		3	<input type="checkbox"/>

SUB-TOTAL

\$ 573.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES' NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Ed Skinner 204 8th St. SE Altoona 50009		\$250	<input type="checkbox"/>
11	ID# CK#	Ann Spooner 4809 Euclid Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Kim Spooner 1012 Polk Blvd. Des Moines 50311		25	<input type="checkbox"/>
11	ID# CK#	Larry & Ellen Strachota 9502 Alpine Urbandale 50322		25	<input type="checkbox"/>
11	ID# CK#	Matt & Ellen Sullivan 4511 Beaver Des Moines 50310		100	<input type="checkbox"/>
11	ID# CK#	Barry & Julie Svec 6912 North Glenn Johnston 50131		100	<input type="checkbox"/>
11	ID# CK#	Delos & Jean Swanson 3612 48th Pl. Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Margaret Swanson 1624 Penn Des Moines 50316		100	<input type="checkbox"/>
11	ID# CK#	Elaine & Chuck Szymoniak 2116 44th Des Moines 50310		25	<input type="checkbox"/>
11	ID# CK#	Peter Tarpey & Mary Maloney 3415 Witmer Pkwy Des Moines 50310		25	<input type="checkbox"/>

SUB-TOTAL

\$ 700.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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Reset form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/03	ID# CK#	Maureen & Bill Tiffany 339 49th st. Des Moines 50312		\$ 25	<input type="checkbox"/>
"	ID# CK#	Diane & Randy Tinker 4134 50th st. Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Karen & Dave Treiman 8417 Sanford Pl. Johnston 50131		100	<input type="checkbox"/>
"	ID# CK#	Sue & Dick Triplett 3553 109th Urbandale 50322		100	<input type="checkbox"/>
"	ID# CK#	James Underwood 1111 9th st #180 Des Moines 50314		50	<input type="checkbox"/>
"	ID# CK#	Jeanette & Fred VanLieu 4104 Anick Des Moines 50310		25	<input type="checkbox"/>
"	ID# CK#	Ravi Vemulapalli 2600 Grand #400 Des Moines 50312		100	<input type="checkbox"/>
"	ID# CK#	Tom & Sophie Vlassis 5001 Lyndale Des Moines 50310		50	<input type="checkbox"/>
"	ID# CK#	Luan & Doug Volkmer 4501 48th Des Moines 50310		30	<input type="checkbox"/>
"	ID# CK#	Gary & Lenora Waller 4044 Beaver Des Moines 50310		25	<input type="checkbox"/>

SUB-TOTAL

\$530.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Martin Walsh 3920 Grand Des Moines 50312		\$ 50	<input type="checkbox"/>
11	ID# CK#	Christine Walters PO Box 71094 Clive 50325		100	<input type="checkbox"/>
11	ID# CK#	Randy Walters 2171 Grand W Des Moines 50265		250	<input type="checkbox"/>
11	ID# CK#	Marc & Elizabeth Ward 5004 Woodland Des Moines 50312		50	<input type="checkbox"/>
11	ID# CK#	Ferol & Fred Wagner 6215 Pleasant Des Moines 50312		25	<input type="checkbox"/>
11	ID# CK#	Chris & Janice Welp 1420 Country Club Blvd. Clive 50325		100	<input type="checkbox"/>
11	ID# CK#	Jonathan Wilson 2914 Druid Hill Des Moines 50315		50	<input type="checkbox"/>
11	ID# CK#	Marion & Carolyn Wissler 3211 47th Des Moines 50310		10	<input type="checkbox"/>
11	ID# CK#	Eric Witherspoon 1801 16th st. Des Moines 50314		100	<input type="checkbox"/>
11	ID# CK#	Ben & Veronica Zenti 5101 Bel Aire Des Moines 50310		25	<input type="checkbox"/>

SUB-TOTAL

\$ 760.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/11/03	ID# CK#	Steven Zumbach 2000 Financial Ctr. Des Moines 50309		\$100	<input type="checkbox"/>
10/19/03	ID# CK#	Helen Nahas 219 4th St. Des Moines 50309		250	<input type="checkbox"/>
11	ID# CK#	Patty Counie 141 37th St. Des Moines 50312		250	<input type="checkbox"/>
11	ID# CK#	Lois Skinner 204 8th St. SE Altoona 50009		250	<input type="checkbox"/>
11	ID# CK#	Kurt Pagliai 1704 E Euclid Des Moines 50313		250	<input type="checkbox"/>
11	ID# CK#	Chris & Marcie Coleman 3512 48th Pl. Des Moines 50310	self & wife	100	<input type="checkbox"/>
	ID# CK#	Bill & Sarah Moore 3310 40th Pl. Des Moines 50310		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1,225.00

TOTAL (if last page of this schedule)

\$1,653

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/18/03	ID# CK#	HB Leiserowitz 13th & Cherry Des Moines 50309	Candy for Parade	\$ 46.05
9/30/03	ID# CK#	Carter Printing 1739 E Grand Des Moines 50317	printing	527.88
10/20/03	ID# CK#	"	Printing	2105.16
8/30/03	ID# CK#	Beaverville Fall Fest Beaver & Urbandale Des Moines	Parade Fee	50
9/18/03	ID# CK#	Carpenter Promotions	shirts for Parade	360.03
9/18/03	ID# CK#	"	stickers for Parade	493.75
8/25/03	ID# CK#	Dahls Beaver & Franklin Des Moines 50710	postage	74
9/22/03	ID# CK#	Direct Marketing Assoc Guthrie & Delaware Des Moines 50313	Mailing services & postage	236.32
SUB-TOTAL				\$ 3893.19
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page 1 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/3/03	ID# CK#	USPS 2nd & Univ. Des Moines 50310	postage	\$ 74
10/8/03	ID# CK#	Direct Marketing Assoc Guthrie & Delaware Des Moines 50313	Mailing Services	332.35
10/10/03	ID# CK#	"	"	238.87
10/10/03	ID# CK#	Iowa Bystander 3705 Grand Des Moines 50312	advertising	200
10/10/03	ID# CK#	Datavision PO Box K9 Carlisle IA 50047	data input	111.48
10/16/03	ID# CK#	Secretary of State Lucas Bldg. Des Moines 50319	voter list	69.62
10/16/03	ID# CK#	Polk County Auditor 20 2nd Ave. Des Moines 50309	"	93
10/13/03	ID# CK#	Picture People Merle Hay Mall Des Moines 50310	pictures for brochure	21.20
SUB-TOTAL				\$ 1140.52
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page 2 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reser form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/16/03	ID# CK#	Data vision Po Box K9 Carlisle IA 50047	data input	\$ 75
10/18/03	ID# CK#	Direct Marketing Assoc. 2130 Delaware Des Moines 50317	mailing service & postage	145.89
10/18/03	ID# CK#	Mitzi Hetzert 3512 48th pl. Des Moines	materials for kid activity event	10
10/18/03	ID# CK#	Walmart 52 14th st Des Moines 50320	"	66.94
10/18/03	ID# CK#	Quik Trip 1000 E. University Des Moines 50316	"	53.76
10/17/03	ID# CK#	Walmart 52 14th st. Des Moines 50320	"	15.50
10/17/03	ID# CK#	"	"	36.25
10/17/03	ID# CK#	Home Depot 52 14th st Des Moines 50315	yet more materials for kid activity	42.61
SUB-TOTAL				\$ 445.95
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors For Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/03	ID# CK#	Sams Club 1101 73rd Windsor Hts 50311	Food For Kid Activity Event	\$ 195.65
10/18/03	ID# CK#	Factory Card Outlet 4349 Merle Hay Des Moines 50310	Materials for Kidactivity event	24.02
10/18/03	ID# CK#	Dahls Merle Hay of Aurora Des Moines 50310	Food for Campaign event	19.93
10/17/03	ID# CK#	Dollar Tree 5000 SE 14th Des Moines 50321	Party Favors for Campaign event	9.00
10/17/03	ID# CK#	Hy Vee SE 14th + Park Des Moines 50321	More Food for Campaign event	79
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL	\$ 327.60
TOTAL (if last page of this schedule)	\$ 5807.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATION TO CAND * (if appli
9/10/03	Peter Hunter 9709 Valdez Urbandale 50322	

*Disclosure law requires candidates to disclose the relationship of any relative m committee. Relationship must be shown to the third degree of consanguinity (bl by marriage). (See Page 2 of forms packet.) If surname of contributor is the sa familial relationship, enter "not applicable" in the relationship column.



SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

SHIP DATE (able)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
	work on website	\$ 500	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
SUB-TOTAL		\$ 500	
TOTAL (if last page of this schedule)		\$ 500	